



# Forensic Mental Health Coordinating Council: Long-term need for adult patient beds at the state hospital

State of Utah  
Utah State Hospital  
August 2024

To: Utah Substance Use and Mental Health Advisory Committee  
From: Dallas Earnshaw  
Subject: Long-term need for adult patient beds at the state hospital

## Purpose

### [26B-5-803](#)

*(1) Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, the Utah Substance Use and Mental Health Advisory Committee shall:*

*(j) study the long-term need for adult patient staffed beds at the state hospital, including:*

*(i) the total number of staffed beds currently in use at the state hospital;*

*(ii) the current staffed bed capacity at the state hospital;*

*(iii) the projected total number of staffed beds needed in the adult general psychiatric unit of the state hospital over the next three, five, and 10 years based on:*

*(A) the state's current and projected population growth;*

*(B) current access to mental health resources in the community; and*

*(C) any other factors the committee finds relevant to projecting the total number of staffed beds; and*

*(iv) the cost associated with the projected total number of staffed beds described in Subsection (1)(j)(iii); and*

*(k) each year report on whether the pay of the state hospital's employees is adequate based on market*

*conditions.*

## **Executive summary**

The Forensic Mental Health Coordinating Council (currently a sub-committee within USAAV and DHHS) has provided projections for adult patient bed needs at the state hospital for the past several years. Their projections have been fairly accurate and the legislature has appropriated funding and resources to expand bed capacity accordingly.

Most recently, the legislature appropriated funding for 30 additional beds to cover the projected patient growth through 2026. These beds were expected to open in April 2022.

However, the state hospital could not fill these beds until 2023 because of critical staffing shortages. Ten beds opened in November 2023 and the remaining beds opened in June 2024. With the 30 additional beds open, the bed capacity (the number of patients that we can care for) increased to 152 adult civil and 154 forensic beds for a total of 306 beds.

Current bed need projections across the next 5 years suggest that this current bed capacity will be adequate until the end of 2026. However, a new unit of at least 30 beds will be needed by 2027.

The state hospital does not have sufficient space within its existing buildings for an additional unit by 2027. The additional unit would require building a new facility or expanding an existing facility. A comprehensive study of the patient population, including potential for discharge and discharge barriers, concludes that the most cost-effective solution is to create a sub-acute / low acuity program. A sub-acute / low acuity program would manage the demand for patient beds at the state hospital and support patients who need state hospital care. There are currently 27 patients at the state hospital who would benefit from this program.

## **Primary report**

- (i) There are currently 152 adult civil beds and 154 forensic beds in use at the Utah State Hospital.
- (ii) The current bed capacity at the state hospital is 152 Adult Civil and 154 Forensic Beds.
- (iii) The projected total number of beds needed across the next 2-3 years is 154 forensic beds and 152 adult civil beds for a total of 306 beds.

By 2027, the state hospital will need 30 additional adult beds. See addendum report for detailed statistical analysis.

In the next 10-20 years, the hospital will need at least 30-60 more beds.

- (A) The state's current and projected population growth. Utah has experienced high growth rates and currently ranks 4th in the country:
  - 2.52% in 2020
  - 1.68% in 2021
  - 1.26% in 2022
  - 1.08% in 2023
  - 1.08% in 2024 (projected)
- (B) The legislature and county mental health authorities have continued to work diligently with

community stakeholders to increase funding and access to mental health resources. Notable increases include residential service capacity, outreach teams, receiving centers, homeless services and suicide prevention services. While these increases have helped significantly, ongoing community assessment still indicates significant gaps in mental health services and delays in state hospital discharge. The Gardner institute, under the direction of the Utah Hospital Association, published a detailed report of community gaps in Utah's mental health services. Review this report at

<https://gardner.utah.edu/public-policy/health-care-and-life-sciences/utah-behavioral-health-assessment-master-plan/>

- (C) Other factors when projecting the total number of beds include potential changes to civil commitment and forensic mental health laws in the future. There are efforts to improve diversion opportunities in the judicial system to help people access mental health care before adjudication. This could increase the need for both community and inpatient mental health services outside of jails and prisons.
- (iv) The current operational cost of a 30-bed unit is \$5 million. The operational cost for an additional 30 beds in 2027 will be another \$5 million (adjusted for inflation). We anticipate that a low-acuity treatment program will be less expensive than a 30-bed unit.

## **Recommendations**

The state hospital will require funding for additional beds to meet current and future state hospital patients' needs. Based on this study and additional review, we recommend the following actions:

- The most immediate need is to consider a proposal for a 30-to-60-bed low acuity treatment unit as quickly as possible. Approvals for funding and building this unit could take 3-5 years, which aligns with the projected need for a 30-bed treatment unit in 2027. DHHS has prioritized this effort and is currently working with DCFM to conduct a feasibility study that assesses options to build additional beds at the Utah State Hospital.
- The 2024 Bed Report shows that we have achieved efficiencies within our current system but that even with these improvements, we still need more beds to meet future projections.
- Continuing to monitor internal efficiencies in the forensic and adult civil units and using the information to explore the effectiveness of current treatment plans.
- Improving both internal and external processes around discharging and moving patients into their communities.
- Expanding appropriate "in community" capacity, primarily residential services, for patients waiting to be discharged from the adult civil units. This will help improve efficiencies around discharging and moving patients back into their communities.
- Targeted investment in more effective prevention and diversion programs. This is clearly worth further investigation but is outside the scope of this report.